

**WHAT CARROLL TESTING TESTS FOR**

***By Dr. Jared Zeff, N.D.***

There seems to be a lot of confusion about just what it is that this Carroll testing tests for. How is it different from allergy testing? Does it have anything to do with blood groups? I want to address these questions in this paper.

What we call “Carroll Testing” was not called this by its developer, Dr. Otis G. Carroll. Dr. Carroll was one of the great naturopaths of the last century. He had a very large clinic and busy practice in Spokane, Washington, between 1908 and 1962. He was the teacher of my greatest teachers and the mentor of my mentors. Dr. Carroll developed this method of testing that we today call the Carroll Method. I would like to quote from his writings.

“Health must at all times come from and be maintained by digested foods. Naturopathic physicians understand this principle and use it to repair the damage done to organs, tissues and cells which have become depleted of the necessary constructive elements. These necessary elements can come only from digested foods. ...no drug yet offered can rectify the damage done by failure of digestion.” (The Nature Doctors, Kirshfeld and Boyle, 1994, page 251)

What Dr. Carroll developed was a way to determine if a food or food combination was not inherently digestible by a particular body. If that were the case, not only was nutrition interfered with, but there was also the creation of toxic byproducts by the processes of the poor digestion. These toxins would enter the blood and become the basis for inflammatory irritation of organs or tissues, leading to disturbed function and the development of chronic disease. To heal chronic disturbance or disease one must identify and remove the cause, usually found at least in part in the diet. This is the value of Carroll’s test. It was one of the first and remains one of the most useful in determining the dietary basis of disease.

Although Carroll referred to it as an allergy test, it was not, at least not in the generally recognized meaning of the word “allergy”. An allergy is an immune system response against a food or food element in the digestive system or in the blood. What the Carroll method discerns is not an immune system reaction, but a primary inability of the digestive system to properly digest and metabolize a particular food or food group or combination of foods. This then leads to the development of inflammatory toxins as well as reduced nutrition.

The Carroll method has nothing to do with blood group or type. That method of discerning food sensitivities was developed by Peter D’Adamo and his father. D’Adamo’s method has nothing to do with digestion *per se*, but with immune system recognition of food *lectins*, which are similar to the different blood group immune identifiers on human blood cells.

Historically, there are a number of ways food reactivity has been identified, all of it controversial. The standard method used in medical practice is skin scratch testing, in which small amounts of food concentrates are “scratched” into the skin, and an allergic reaction is watched for over the next few days. This will discern whether the skin immune system is reactive to a particular food, but will tell us nothing about digestion or digestibility. It is an allergy test.

So the Carroll method is a method of discerning whether a particular food will contribute to the health of the body or whether it will disturb digestion, create a toxic burden and contribute to the development of inflammation and disease.

This is why even a slight amount of the wrong food can cause a big problem. It literally poisons the digestive process so that nothing digests properly and all the problems follow. We see that in most cases of chronic disease there is also digestive disturbance. Really, this has preceded the disease process, reduced cellular nutrition and lowered vitality, and created a load of inflammatory toxins from which the disease process develops.

So the Carroll method is a means of discerning which foods or food combinations are disturbing the digestion and contributing a toxic load to the body. It is an old method, not practiced or recognized by standard medicine. It was almost lost during the 1970’s and 80’s when naturopathic medicine had reached its lowest point since its inception in 1896. It was kept alive by Dr. Harold Dick and Dr. Leo Scott after Dr. Carroll’s death in 1962. I studied with Dr. Dick in the early 1980’s and learned this method from him, as did his daughter, Dr. Letitia Watrous. We now teach this method within the naturopathic community internationally and it has returned as one of the recognized and viable methods of dietary evaluation within the reemerging naturopathic profession in the 21st century.

There is as yet no recognized “best method” for evaluating dietary reactivity. As the naturopathic community attempts to research and evaluate the different methods of food reactivity testing, different doctors are using the methods that they see generating the most clinical success, or those that they trust the most. I use the Carroll method because I have seen the most clinical success using this, and that experience is reiterated every day in the clinic as my patients report on the successes they have using this dietary advice.

In addition to foods, Dr. Carroll also tested his patients for mineral salt deficiency. There are 12 mineral salts that the body uses in large quantity, as determined by the biochemist Schussler around 1900. We continue to test for these mineral salt deficiencies, and report these along with the dietary information. We recommend supplementation with whichever salts may demonstrate a deficiency in the testing process.

Jared L. Zeff, ND

May 2008